U. S. COST REIMBURSABLE (Department, bureau, or establishment)						PAID BY		
Voucher pret	ared at							
Voucher prepared at						Encl #4		
THE UNITED S	HAIES, Dr.,	Payee's Account No			DPD-3660-			
To		(Payee)			- [COPY /	OF 9	
		(Tayeo)						
	(Add	lress) (City) ARTICLES OR SERVICES	(State)		IINIT	DDICE	AN	
No. and Date of Order	Date of Delivery or Service	/E I		QUANTITY	QUANTITY Cost Per		Dol	
		Cost					\$	
PAYMENT:								
Complete Partial Final								
Shipped from		Use continuation sheet(s) if necessary to Weight Governs	ment B/L No.	1	<u> </u>	Total	- 4	
Date 5-21	-59 *n	t and just and that payment has not been received. (Sign original only)		nces				
Per _		Title	Amount verified; cor (Signature or initials			()		
Contract No.	66601	Cate Req. No.		Date		invoice Nec C	1.	
† Approved for \$.i	SIGN	ent. 					
			te					
Trial								
Title	THE REVERSE OF T	IIIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVIC	CES SECURED WITH	INDI MMITTEM				
Title		NTING CLASSIFICATION (Appropriation Symbol must				nal)		

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